MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10054

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Frederick MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick // LENGTH OF STAY (in this place) Years | CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick // |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 212 East Third Street X | STREET ADDRESS (If rural give location) 212 East Third Street |

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) (Also Known As James) (Last) GUY ANDREWS

4. DATE OF DEATH: (Month) October (Day) 25, (Year) 1953

| 5. SEX: | 6. COLOR OR RACE: | 7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify) | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Seperated | March 11,1893 | 60 yrs. | | | | |

| 10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if ~~retired~~ | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Bar Tender | Officers Club | Maryland | USA |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| Charles Andrews | Emma Kline |

| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|---|
| Yes | W W 1 | 214-10-1441 | 339 East Third Street, Miss Mary S. Andrews, Frederick, Maryland |

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute myocardial infarction — Interval Between Onset And Death ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/25, 1953, to 10/25, 1953 that I last saw the deceased alive on 10/25, 1953, and that death occurred at 10:50 P.M., from the causes and on the date stated above.

SIGNATURE Dr B. Davis (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 10/26/1953

| 23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | October 28,1953 | Mount Olivet Cemetery | Frederick, Maryland |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 27 October 1953 | Elizabeth G. Hack | M.R. Etchison & Son, | Frederick, Maryland |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10055

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

**1. PLACE OF DEATH:**

COUNTY: Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick | LENGTH OF STAY (in this place): 28 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 26 Winchester Street X

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE: Maryland — COUNTY: Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick

STREET ADDRESS (If rural give location): 26 Winchester Street

| 3. NAME OF DECEASED: (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH: (Month) (Day) (Year) |
|---|---|---|---|
| ELLA | MAY | BARE | October 21, 19 53 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| Female | White | Widow | August 1,1867 | 86 yrs. | | |

| 10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Home | Maryland | USA |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| John J. Null | Elizabeth Taylor |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| No — No | None | 26 Winchester Street, Austin W.N. Bare, Frederick, Maryland |

**18. MEDICAL CERTIFICATION**

| | | Interval Between Onset And Death |
|---|---|---|
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| 420.2 Immediate cause | (a) Angina | 1/2 hour |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) Arter. Sclerosis | |
| | DUE TO (c) Chronic Myocarditis | 10 yrs |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 0 | | Yes ☐ No XX |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Jan. ,1940, to Oct. 21, 1953, that I last saw the deceased alive on Oct. 21, 1953, and that death occurred at 3:50 P.M., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| B O Thomas | M.D. | Frederick, Maryland | 10/22/1953 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Oct. 24, 1953 | Mount Olivet Cemetery | Frederick, Maryland |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 23 October 1953 | Elizabeth G. Hack. | M.R. Etchison & Son, | Frederick, Maryland |

RECEIVED
OCT 27 1953
BUREAU V. S.

10056

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick 30
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 517 Brunswick St X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick 30
STREET ADDRESS (If rural, give location) 517 Brunswick St

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Edward (Last) Barger

4. DATE OF DEATH (Month) 10 (Day) 1 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-11-1877
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer
10b. KIND OF BUSINESS OR INDUSTRY Br. O. R. R. G
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Leander Barger
14. MOTHER'S MAIDEN NAME Elizabeth K. Reed.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 705-07-1579
17. INFORMANT AND ADDRESS Laura E. Barger Brunswick Md.

3

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary occlusion | Sudden |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Soft hemiplegia | 4 yrs. |
| | (c) | |

352x

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1-1953, to 10-1-1953, that I last saw the deceased alive on 10-1-1953, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Brunswick Md DATE SIGNED 10-1-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 4-53
NAME OF CEMETERY OR CREMATORY St. Marks
LOCATION (City, town, or county) (State) Petersville, Maryland

DATE REC'D BY LOCAL REG. Oct 3 53
REGISTRAR'S SIGNATURE Kathryn H. Brown
24. FUNERAL DIRECTOR C. H. Feete & Bro Brunswick Md. ADDRESS

VS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10057

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 349 Madison Street X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
STREET ADDRESS (If rural give location) 349 Madison Street

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) MAY (Last) BARNES
4. DATE OF DEATH: (Month) 10 (Day) 13, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: 20 Dec 1886
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Stup
14. MOTHER'S MAIDEN NAME: Ella McDevitt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: 349 Madison St., Charles R. Barnes, Frederick, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute cardiac decompensation — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary sclerosis and insufficiency — 2 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1951, to Oct 13, 1953, that I last saw the deceased alive on Oct 13, 1953, and that death occurred at 10:45 PM, from the causes and on the date stated above.

SIGNATURE J. A. Schoolman (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 14 Oct 1953

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 16 Oct 1953
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 14 October 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
OCT 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10058

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**

COUNTY Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick. 11

LENGTH OF STAY (in this place) 26 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Frederick Memorial Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland — COUNTY Frederick

~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Doubs X

STREET ADDRESS (If rural give location)

**3. NAME OF DECEASED:** (Type or Print) (First) WILLIAM (Middle) SHERIDAN (Last) BEST

**4. DATE OF DEATH:** (Month) October (Day) 9, (Year) 19 53

**5. SEX:** ~~Male~~ / ~~Female~~

**6. COLOR OR RACE:** White

**7.** ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): Widower

**8. DATE OF BIRTH:** May 23, 1865

**9. AGE** last birthday: 88 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired) Carpenter

**10b. KIND OF BUSINESS OR INDUSTRY:** B & O. R.R.

**11. BIRTHPLACE** (State or foreign country): Virginia 43

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Sidney Best

**14. MOTHER'S MAIDEN NAME:** Harriett Ellen Wheeler

**15 WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service) No

**16. SOCIAL SECURITY NO.:** None

**17. INFORMANT & ADDRESS:** Norman S. Best, Doubs, Maryland

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Advanced generalized arteriosclerosis — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial · Auricular Fibrillation

**19a. DATE OF OPERATION:** 0

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No XX

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1953, to Oct 9, 1953, that I last saw the deceased alive on Oct 4, 1953, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jacob Brie M.D. — ADDRESS Jefferson, Maryland — DATE SIGNED 10/10/1953

**23. BURIAL, ~~CREMATION~~, REMOVAL** (Specify) Burial — DATE THEREOF Oct. 12, 1953 — NAME OF CEMETERY OR CREMATORY Methodist Cemebery — LOCATION (City, town, or county) (State) Taylorstown, Virginia

DATE REC'D BY LOCAL REGISTRAR 12 October 1953 — REGISTRAR'S SIGNATURE Elizabeth S. Hoch.

**24. FUNERAL DIRECTOR** — ADDRESS M.R. Etchison & Son, Frederick, Maryland

VS. A1

RECEIVED
OCT 13 1953
BUREAU V. S.

Film #G-158 Item No. 11 10/15/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY FREDERICK — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KNOXVILLE
LENGTH OF STAY (in this place) 3 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DIST. OF COLUMBIA — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 4911 42nd ST., N.W.

3. NAME OF DECEASED (Type or Print): (First) CARL (Middle) E (Last) BRAWNER

4. DATE OF DEATH: (Month) OCT. (Day) 7, (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED

8. DATE OF BIRTH: 8-1-1882

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John E. BRAWNER

14. MOTHER'S MAIDEN NAME: MARY DENNIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

322.1 **Immediate cause** (a) BRONCHOPNEUMONIA — Interval between onset and death: DAYS

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CHRONIC ALCOHOLISM — YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert J. Imie, M. D., 620 Lee Place, Frederick, Md. 10-7-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct 11-53 — NAME OF CEMETERY OR CREMATORY: Hillsboro — LOCATION (City, town, or county) (State): Loudon Co. Virginia

DATE REC'D BY LOCAL REG.: Oct. 7-53 — REGISTRAR'S SIGNATURE: Kathryn H. Brown

24. FUNERAL DIRECTOR — ADDRESS: E. N. Fiele & Bro. Brunswick MD.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10060

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Buckeystown X
LENGTH OF STAY (in this place) 15 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Buckeystown X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ELLEN (Middle) REBECCA (Last) BRUCHEY

4. DATE OF DEATH: (Month) October (Day) 4, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: June 14, 1916

9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Receptionist

10b. KIND OF BUSINESS OR INDUSTRY: Fred. Iron & Steel

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Kabrick

14. MOTHER'S MAIDEN NAME: Ella Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 220-05-6574

17. INFORMANT & ADDRESS: Austin B. Bruchey, Buckeystown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17/X Immediate cause (a) Adenocarcinoma of Cervix

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) with metastasis to liver, lungs, etc.

DUE TO (c)

Interval Between Onset And Death: 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 1950

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of Cervix

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1950, to 4 Oct, 1953, that I last saw the deceased alive on 3 Oct, 1953, and that death occurred at 11:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles L. Corley Jr. M.D. ADDRESS Frederick, Maryland DATE SIGNED 10/6/1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct. 7, 1953 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 7 Oct 1953 REGISTRAR'S SIGNATURE Elizabeth G. Hoch

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

VS: Air

RECEIVED
OCT 8 1953
BUREAU V. S

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS-1

1. PLACE OF DEATH: COUNTY Frederick — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick — LENGTH OF STAY (in this place) 60 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 West "J"

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 15 West J

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) — (Last) Campbell Sr.

4. DATE OF DEATH: (Month) 10 (Day) 20 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-25-1876

9. AGE last birthday: 76 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Mrs Sarah Ward Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis — Interval between onset and death: 10 yr

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/15 19 53 to 10/20, 19 53 that I last saw the deceased alive on 10/15, 19 53 and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Brunswick Md 10/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-23-53 — NAME OF CEMETERY OR CREMATORY: Petersville — LOCATION (City, town, or county) (State): Petersville Md.

DATE REC'D BY LOCAL REG.: October 22-53 — REGISTRAR'S SIGNATURE: Kathryn H. Brown — 24. FUNERAL DIRECTOR: C. N. Zuck & Son — ADDRESS: Brunswick, Md

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick (Rural) # 3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) WORTHINGTON (Last) CLEM

4. DATE OF DEATH: (Month) October (Day) 16, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: March 13, 1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Clem

14. MOTHER'S MAIDEN NAME: Wilhelmina Stull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: John M. Clem, Frederick, R.D.#3, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death: (a) 3 days. (b) 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to Oct. 16, 1953, that I last saw the deceased alive on Oct 16, 1953, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 10/19/1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct. 19, 1953 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 19 October 1953

REGISTRAR'S SIGNATURE Elizabeth G. Hecks

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

VS. A1

RECEIVED
OCT 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 500 Grant Place

3. NAME OF DECEASED: (Type or Print) (First) Leona (Middle) J. (Last) Cline

4. DATE OF DEATH: (Month) 10 (Day) 5 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 6-19-1914

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Russel Blickenstaff

14. MOTHER'S MAIDEN NAME: Grace Hartsuck

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-10-1207

17. INFORMANT & ADDRESS: Arthur Cline, 500 Grant Place, Fred. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Occluding Pulmonary Embolus (Probable) DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) recent operation DUE TO

(c) (Total Gastrectomy & Splenectomy)

Interval Between Onset And Death: about 10 mi

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION: Adeno-Carcinoma. Stomach

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 5 53 19 ..., to Oct 5, 1953, that I last saw the deceased alive on ..... 19 ...., and that death occurred at 5 10 P., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. E. Harp. Md ADDRESS Middletown DATE SIGNED 10-7-53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial | DATE THEREOF 10-8-1953 | NAME OF CEMETERY OR CREMATORY Lutheran Cemetery | LOCATION (City, town, or county) Middletown (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10-8-1953 | REGISTRAR'S SIGNATURE Flora M. Bittle | 24. FUNERAL DIRECTOR Gladhill Co. ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AT

RECEIVED

BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Frederick - Rural — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick 11
STREET ADDRESS (If rural, give location): 49 Taney Apts

3. NAME OF DECEASED (Type or Print): (First) Victor (Middle) Lorenzo (Last) Conrad
4. DATE OF DEATH: (Month) October (Day) 20 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: October 19-1953
9. AGE last birthday: — yrs. — If under 1 year: Months — Days 1 — If under 24 hrs.: Hours 13 — Min. 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Glen Conrad
14. MOTHER'S MAIDEN NAME: Joan Louise Hollingsworth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

761.0 Immediate cause (a) Atelectasis — 36 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Premature separation of placenta and premature delivery (2-18 weeks)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 17, 1953, to Oct 20, 1953, that I last saw the deceased alive on Oct 20, 1953, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

SIGNATURE: Bernard Thomas Jr. (Degree or title) M.D. — ADDRESS: Frederick Md — DATE SIGNED: Oct. 21, 1953

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify): Burial — DATE: 10-21-53 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick - Md.

DATE REC'D BY LOCAL REG.: 21 October 1953 — REGISTRAR'S SIGNATURE: Elizabeth G. Hack — 24. FUNERAL DIRECTOR: C. E. Cline & Son - Frederick - Md. — ADDRESS:

20.3181 a81

RECEIVED
OCT 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Fred. MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick 11
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 S. Bentz St X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
STREET ADDRESS (If rural give location) 13 S. Bentz St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Clearence Banks Disney
4. DATE OF DEATH: (Month) (Day) (Year) Oct. 15 1953

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single
8. DATE OF BIRTH: Feb. 2-1918
9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Buckeystown, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harvey Timpson
14. MOTHER'S MAIDEN NAME: Eva Disney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Eva Disney 13 S. Bentz St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cardio Vascular DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1953, to Oct 9, 1953, that I last saw the deceased alive on Oct 6, 1953, and that death occurred at 9 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Dr. U. G. Boreme so
ADDRESS Frederick
DATE SIGNED

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Oct. 19-53
NAME OF CEMETERY OR CREMATORY Fairview
LOCATION (City, town, or county) (State) Frederick — Md

DATE REC'D BY LOCAL REGISTRAR 19 October 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Charles E. Hicks III
ADDRESS Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 41

RECEIVED
OCT 2[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Frederick 1; LENGTH OF STAY (in this place) 3day's; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Barnesville 1 X-; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Eberly (Middle) Thomas (Last) Dixon

4. DATE OF DEATH: (Month) Oct (Day) 14 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) Married

8. DATE OF BIRTH: Feb 17-1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired US Rural Mail Carrier

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas Dixon

14. MOTHER'S MAIDEN NAME: Elvira Jeighus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) None

17. INFORMANT & ADDRESS: Herbert Dixon, Barnesville Md

18. MEDICAL CERTIFICATION

| | | Interval Between Onset And Death |
|---|---|---|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| 420.1 Immediate cause | (a) Coronary Occlusion | 15 days |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) Coronary Arteriosclerosis | 10 years Approx |
| | DUE TO (c) Generalized Arteriosclerosis | 10 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 195 , to 14 Oct. , 1953 , that I last saw the deceased alive on 13 Oct. 1953 , and that death occurred at 6:15 A.M. , from the causes and on the date stated above.

SIGNATURE (Degree or title) Gordon M Smith, M.D. ADDRESS Barnesville DATE SIGNED 14 Oct. 53

23. BURIAL, CREMATION, REMOVAL? (Specify) Burial; DATE THEREOF Oct 17-53; NAME OF CEMETERY OR CREMATORY Monocacy; LOCATION (City, town, or county) (State) Beallsville, Md.

DATE REC'D BY LOCAL REGISTRAR 15 October 1953; REGISTRAR'S SIGNATURE Elizabeth S. Hess

24. FUNERAL DIRECTOR ADDRESS William B Hilton Barnesville, Md

VS. A1 (4)

OCT
BUREAU V. S.

Item 18 Film G159 11-16-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS CAMP DETRICK STA. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CARROLL
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) MT. AIRY
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) RALPH (Middle) WILLIAM (Last) ELBERT

4. DATE OF DEATH: (Month) OCT. (Day) 17, (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): MARRIED

8. DATE OF BIRTH: Feb. 7, 1929

9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Technician

10b. KIND OF BUSINESS OR INDUSTRY: Const. Co.

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James A. Ebert

14. MOTHER'S MAIDEN NAME: Sarah Marburger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No Yes (If Yes, give war or dates of service) No Oct. 1948 to Nov. 1949

16. SOCIAL SECURITY NO.: 180-20-7031

17. INFORMANT & ADDRESS: Mrs. Ralph W. Ebert, Mt. Airy, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

080.3
Immediate cause (a) Poliomyelitis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pneumonia, right lower lobe
DUE TO
(c) Edema of liver

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, aorta and coronary arteries - early Congenital malformation of heart - Anomalous origin and distribution of coronary arteries

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 8, 1953, to Oct. 17, 1953, that I last saw the deceased alive on Oct. 17, 1953 and that death occurred at 12:38 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. W. Green M.D. 228 N. Market St. Frederick 10-17-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 20, 1953
NAME OF CEMETERY OR CREMATORY Sinking Springs Cemetery
LOCATION (City, town, or county) (State) Sinking Springs, Pa.

DATE REC'D BY LOCAL REGISTRAR 18 Oct 1953
REGISTRAR'S SIGNATURE Elizabeth S. Herb.

24. FUNERAL DIRECTOR ADDRESS
M.R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
OCT 1903
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

16068

Reg. Dist. No. 15-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural X
LENGTH OF STAY (in this place) 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emmitsburg, R.D.#1 X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural X
STREET ADDRESS (If rural, give location) Emmitsburg, R.I.# 1

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Reynolds (Last) Eyler

4. DATE OF DEATH: (Month) October (Day) 12, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 12, 1910

9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: day farmer

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph S. Eyler

14. MOTHER'S MAIDEN NAME: Nettie Harbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS: Laura B. Eyler — Emmitsburg, Md. R.D.# 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of jaw

196X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10 1953 to Oct 17 1953, that I last saw the deceased alive on Oct. 12 1953 and that death occurred at 2.35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ira M. Henderson M.D. Fairfield, Pa. 10-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 15, 1953 — NAME OF CEMETERY OR CREMATORY: New St. Joseph Catholic — LOCATION (City, town, or county) Emmitsburg, Frederick — (State) Md.

DATE REC'D BY LOCAL REG. Oct 14/53 — REGISTRAR'S SIGNATURE M. F. Shuff

24. FUNERAL DIRECTOR E. L. Allison — ADDRESS Emmitsburg, Md.

E. L. Allison

RECEIVED
1 23
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1953)

# CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Centerville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Centerville, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Centerville, Md.
STREET ADDRESS (If rural give location) Centerville, Md.

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) Virginia (Last) Foreman
4. DATE OF DEATH: (Month) Oct. (Day) I3- (Year) 1953

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH | 9. AGE last birthday: | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| Female | Colored | Married | Oct. 29, I903 | 49 yrs. | | |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Cook Hotel | ********** | Centerville, Md. | |

13. FATHER'S NAME: James A. Bowie
14. MOTHER'S MAIDEN NAME: Francis Hammond

| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| No | 215-26-8338 | John R. Foreman Centerville, Md. |

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| Immediate cause (a) | Ch. Cardio Renal Vascular Disease | 3 Yrs |
| DUE TO (b) | | |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c) | | |

442X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 0 | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. I hereby certify that I attended the deceased from 5-1, 1953, to 6-13, 1953, that I last saw the deceased alive on 6-13, 1953, and that death occurred at 6:15 PM, from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Wm H. G. Bowie Jr | | Indianapolis Ind | 10-14-53 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Oct. I6-53 | Ebernezer | Centerville, Md. |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 15 October 1953 | Elizabeth S. Hack. | Charles E. Hicks III | Fred. Md. |

VS. A1

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10370

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Frederick
LENGTH OF STAY (in this place) 11 | 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick, Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick Rural R.D.#1
STREET ADDRESS (If rural give location) Near Mt. Pleasant

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) MONROE (Last) FORNEY
4. DATE OF DEATH: (Month) October (Day) 6, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: October 15, 1909
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Dairy Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel J. Forney
14. MOTHER'S MAIDEN NAME: Dennie Belle Sheller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) nO (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Walter M. Forney, Frederick, R.D.#1, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

490X
Immediate cause (a) Lobar Pneumonia, Bilateral — 2 days
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c) Chronic Alcoholism — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1953, to Oct 6, 1953, that I last saw the deceased alive on Oct 5, 1953, and that death occurred at 12:50 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Edward Finan M.D. Frederick, Maryland 10-7-1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 8, 1953
NAME OF CEMETERY OR CREMATORY Linganore Cemetery
LOCATION (City, town, or county) (State) Unionville, Maryland
DATE REC'D BY LOCAL REGISTRAR 8 October 1953
REGISTRAR'S SIGNATURE Elizabeth G. Hech
24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

VS. A1

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Westminster
STREET ADDRESS (If rural give location) Rt # 7

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Newell (Last) Frizzell Jr.

4. DATE OF DEATH: (Month) Oct (Day) 20 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify): Single

8. DATE OF BIRTH: 10/26/53

9. AGE last birthday: yrs. 14
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Harry N. Frizzell

14. MOTHER'S MAIDEN NAME: Helen LaRue Bond
~~Elizabeth Jones~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?
(If Yes, give war or dates of)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hosp. records

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cerebral anoxia — Interval Between Onset And Death: 72 hrs +

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Multiple placental infarcts — Days

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Oct, 1953, to 20 Oct., 1953, that I last saw the deceased alive on 20 Oct., 1953, and that death occurred at 5:45 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) R. L. Guest MD — ADDRESS 7 E. Church St. Frederick Md. — DATE SIGNED 20 Oct 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10-22-1953 — NAME OF CEMETERY OR CREMATORY St. James — LOCATION (City, town, or county) (State) Carroll Co. Md

DATE REC'D BY LOCAL REGISTRAR 21 Oct 1953 — REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR C. M. Waltz — ADDRESS Winfield. Md

200329142 3

MARGIN RESERVED FOR BINDING

(PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
OCT 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10677

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 20 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 249 Dill Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 249 Dill Avenue

3. NAME OF DECEASED: (First) JOHN (Middle) KELLER (Last) GERRICH
4. DATE OF DEATH: (Month) October (Day) 25, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 1, 1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life. Retired Build & Grounds Supt.
10b. KIND OF BUSINESS OR INDUSTRY: Hood College
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Gerrick
14. MOTHER'S MAIDEN NAME: Eliza F. Kline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Carrie I Gerrich, 249 Dill Avenue, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| Immediate cause | (a) Cardiac Decompensation | 1 day |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) DUE TO Cardio Vascular Renal Disease | 5 years |
| | (c) DUE TO | |

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1947, to Oct 25, 1953, that I last saw the deceased alive on Oct 25, 1953, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) H Lawrence Fahrney MD
ADDRESS Frederick Md
DATE SIGNED 10-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 28, 1953
NAME OF CEMETERY OR CREMATORY Glade Cemetery
LOCATION (City, town, or county) (State) Walkersville, Maryland

DATE REC'D BY LOCAL REGISTRAR 27 October 1953
REGISTRAR'S SIGNATURE Elizabeth G. Herb.
24. FUNERAL DIRECTOR M.R. Etchison & Son, ADDRESS Frederick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

1773

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY FREDERICK — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEAR FREDERICK
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS EN ROUTE TO FRED. MEM. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALT. CITY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE (26)
STREET ADDRESS (If rural, give location) 3026 W. LANVALE ST.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| JOHN | LOUIS | GLATZEL | OCT. | 26, | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| MALE | WHITE | MARRIED | April 23, 1891 | 62 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Pub. Agent | Balto. News-Post | Md. | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| August Glatzel | Margaret Kaelin |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | 212-03-0412 | Robt. L. Glatzel Bennington Rd. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause (a) | FRACTURED SKULL, COMPOUND | 10 MINS. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | | |
| (c) | | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | HIGHWAY | RTE #40, NEAR RIDGEVILLE | HOWARD | MARYLAND |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| OCT. | 26, | 1953 | 12:50 p.m. | | AUTO TURNED OVER |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Robert J. Durie | M.D. | 620 Lee Place, Frederick, Md. | 10-26-53 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 10/29/53 | Union Mark | Balto. Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10-28-53 | D W Andrews | H. C. Kemp | 119 St. Paul St. |

VS. A15A

10071

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH — COUNTY: FREDERICK — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NEAR FREDERICK X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: EN ROUTE TO FRED. MEM. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: BALT. CITY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE (26)
STREET ADDRESS (If rural, give location): 3026 W. LANVALE ST.

3. NAME OF DECEASED (Type or Print) (First): MAMIE (Middle): J (Last): GLATZEL
4. DATE OF DEATH (Month): OCT. (Day): 26, (Year): 1953
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 8/3/1881
9. AGE last birthday: 64 yrs. — If under 1 year: Months 2, Days 23 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George Fisher
14. MOTHER'S MAIDEN NAME: Mary R. Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Robt. E. Glatzell 858 Benninghaus Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) FRACTURED SKULL — 15 MINS.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): HIGHWAY
(CITY OR TOWN) (COUNTY) (STATE): RTE #40 NR. RIDGEVILLE, HOWARD, MARYLAND
TIME OF INJURY (Month) (Day) (Year) (Hour): OCT. 26, 1953 12:20 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? AUTO TURNED OVER

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Robert J. Irvine (Degree or title): M.D. ADDRESS: 620 Lee Pl., Frederick, Md. DATE SIGNED: 10-26-53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial
DATE THEREOF: 0, 29, 53
NAME OF CEMETERY ~~OR CREMATORY~~: Loudon Park
LOCATION (City, town, or county) (State): Balto. Md.
DATE REC'D BY LOCAL REG.: 10-28-53
REGISTRAR'S SIGNATURE: O W Hedrick
24. FUNERAL DIRECTOR: Wm Cook Inc. 1217 St. Paul St. ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Film#G159 Item# 8,9 11/13/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10537

# CERTIFICATE OF DEATH

Reg. Dist. No. 138

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gramaville | LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riggs Cottage Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina COUNTY Lenoir
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kinston
STREET ADDRESS (If rural, give location) 1009 West Lenoir Avenue

3. NAME OF DECEASED (Type or Print): (First) Celia (Middle) (Last) Glick
4. DATE OF DEATH: (Month) October (Day) 21 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: Unknown Approx. | 9. AGE last birthday: Unknown 60 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Latvia | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Jacobs
14. MOTHER'S MAIDEN NAME: Fannie Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Charles A. Glick, 630 Biggs Avenue, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause (260X) | (a) Arteriosclerotic Heart Disease | unknown |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Diabetes Mellitus | unknown |
| | (c) | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 12, 1953, to Oct. 21, 1953, that I last saw the deceased alive on Oct. 21, 1953, and that death occurred at 6:02 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. H. Turner M.D. Gramaville Md Oct 21 '53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct. 22, 1953 | NAME OF CEMETERY OR CREMATORY: Baronhirsch Cemetery | LOCATION (City, town, or county) (State): Staten Island, N.Y.

DATE REC'D BY LOCAL REG.: Oct. 21, 1953 | REGISTRAR'S SIGNATURE: Lucian K. Coleman

24. FUNERAL DIRECTOR ADDRESS: M.R. Etchison & Son, Frederick, Maryland

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10375

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lime Kiln X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lime Kiln X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) VIRGIE (Middle) VIRGINIA (Last) GRAY

4. DATE OF DEATH: (Month) October (Day) 6, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: October 15, 1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Bell

14. MOTHER'S MAIDEN NAME: Maria Carroll

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Bertha V. Fisher, Lime Kiln, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Cardiac —
421.4
Immediate cause (a) Cardiac Valvular Lesion
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: Several years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Oct, 1953, that I last saw the deceased alive on Sept 30, 1953, and that death occurred at 5:35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 10/7/1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct. 10, 1953

NAME OF CEMETERY OR CREMATORY Fairview Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 9 October 1953

REGISTRAR'S SIGNATURE Elizabeth L. Hoch.

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10676

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Frederick
LENGTH OF STAY (in this place): 4 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Monrovia R.F.D.#1, ( Rural ) X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CALISTA (Middle) ELIZABETH (Last) HACKEY

4. DATE OF DEATH: (Month) Octobet (Day) 10, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~? (Specify): Married

8. DATE OF BIRTH: October 7,1903

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Weedon

14. MOTHER'S MAIDEN NAME: Daisy Woods

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212-24-7390

17. INFORMANT & ADDRESS: Marshall H. Hackey, Monrovia R.F.D.#1, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Hypertensive Cardio-Vascular disease — Interval Between Onset And Death: 4 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Pulmonary edema — 2 hours

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1 ....,1947, to Oct 10, 1953, that I last saw the deceased alive on Oct 10, 1953, and that death occurred at 8:12 P.M., from the causes and on the date stated above.

SIGNATURE: Edward Thomas J. (Degree or title) M.D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 10/12/1953

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify): Burial — DATE THEREOF: Oct. 14, 1953 — NAME OF CEMETERY OR CREMATORY: St. Josephs Cemetery — LOCATION (City, town, or county) (State): Buckeystown, Maryland

DATE REC'D BY LOCAL REGISTRAR: 14 October 1953 — REGISTRAR'S SIGNATURE: Elizabeth S. Hacks

24. FUNERAL DIRECTOR — ADDRESS: M.R. Etchison & Son, Frederick, Maryland

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10077

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSPITAL

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ BRUNSWICK
STREET ADDRESS (If rural give location) 9 WEST G. STREET

3. NAME OF DECEASED: (Type or Print) (First) BELEN (Middle) B (Last) HARSH
4. DATE OF DEATH: (Month) 10 (Day) 24 (Year) 1953
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): MARRIED
8. DATE OF BIRTH: 6-26-75
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Steam Engineer (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: B & O R R Co
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Bellen B. Harsh
14. MOTHER'S MAIDEN NAME: Ellen Gaynor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 705-12-6564
17. INFORMANT & ADDRESS: Mrs. Rozelia Harsh Brunswick Md

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Pneumonitis Bilateral — Interval Between Onset And Death: 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Uremia & Myocardial decompensation — 7 days

DUE TO (c) Advanced generalized Arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/6, 1953, to 10-24, 1953, that I last saw the deceased alive on 10/23, 1953, and that death occurred at 5:00 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) C. Talbott Price ADDRESS Jefferson Md DATE SIGNED 10/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10-27-53 NAME OF CEMETERY OR CREMATORY Park Heights LOCATION (City, town, or county) Brunswick (State) Md.
DATE REC'D BY LOCAL REGISTRAR 27 October 1953 REGISTRAR'S SIGNATURE Elizabeth G. Hack
24. FUNERAL DIRECTOR C. H. Feit & Bro ADDRESS Brunswick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT Airy
LENGTH OF STAY (in this place) 13 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. Airy
STREET ADDRESS (If rural, give location) S. Main ST.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) James T. Henderson

4. DATE OF DEATH (Month) (Day) (Year) Oct. 28 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 9-18-1873
9. AGE last birthday 80 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME Nicholas R. Henderson
14. MOTHER'S MAIDEN NAME Hettie M. Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Jas. T. Henderson, Jr. MT. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Pulmonary Oedema | 2da |
| Antecedent cause(s) | (b) Heart Block | 6 wks |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Coronary Thrombosis | 4 mo |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Trans-urethral
19b. MAJOR FINDINGS OF OPERATION benign hypertrophy of Prostate - 8/14/53
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to Oct. 28, 1953, that I last saw the deceased alive on Oct. 28, 1953 and that death occurred at 10:10 A.m., from the causes and on the date stated above.

SIGNATURE J Stanley Grabill (Degree or title) M.D. ADDRESS MT Airy - Md. DATE SIGNED 10/29/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10-13-53
NAME OF CEMETERY OR CREMATORY Oak Grove
LOCATION (City, town, or county) (State) Howard Co., Maryland

DATE REC'D BY LOCAL REG. Oct. 30, 1953
REGISTRAR'S SIGNATURE Clarice A. Rinkles
24. FUNERAL DIRECTOR C.M. Waltz, Winfield, MD. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10079

# CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick 30
LENGTH OF STAY (in this place) 16 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 218 N. Del. Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkittsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) T. (Middle) Frank (Last) Hightman
4. DATE OF DEATH: (Month) 10 (Day) 15 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Sept. 12, 1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): farm owner ret.
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Thomas Hightman
14. MOTHER'S MAIDEN NAME: Annie P. Hood
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Brunswick, Md. Arthur Hightman, 218 N. Del. Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
450.0
Immediate cause (a) Arteriosclerosis
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) —
DUE TO
(c) —
Interval Between Onset And Death 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/30 1950 to 10/15, 1953, that I last saw the deceased alive on 10/15, 1953, and that death occurred at 5:30 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) [signature] ADDRESS Brunswick, Md DATE SIGNED 10/16/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 10-18-1953
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) Middletown (State) Md.
DATE REC'D BY LOCAL REGISTRAR Oct. 19. 1953
REGISTRAR'S SIGNATURE Eugenia W. Burke
24. FUNERAL DIRECTOR Gladhill Co., Middletown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A1

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY FREDERICK — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ RURAL, NEAR URBANA — LENGTH OF STAY (In this place) 22 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ NEAR URBANA — RURAL
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) (NO GIVEN NAME) (Middle) (Last) HOLLAND

4. DATE OF DEATH: (Month) OCT. (Day) 4 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: OCT. 4, 1953

9. AGE last birthday: 0 yrs. If under 1 year: Months 0, Days 0. If under 24 hrs.: Hours 0, Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: LEON NAYLOR

14. MOTHER'S MAIDEN NAME: ELVA CHRISTINE HOLLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MOTHER - NEAR URBANA, MARYLAND

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ASPIRATION ASPHYXIA — 10 MINS.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) PRECIPITATE PARTURITION

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. NONE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY NONE (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert J. Durie, M.D., 670 Lee Place, Frederick, Md. 10-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 7-53 — NAME OF CEMETERY OR CREMATORY Hope Hill — LOCATION (City, town, or county) Hope Hill (State) Md.

DATE REC'D BY LOCAL REG. Oct 1953 — REGISTRAR'S SIGNATURE Elizabeth S Hebb

24. FUNERAL DIRECTOR Charles E. Keefer III ADDRESS Fred. Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 13

**1. PLACE OF DEATH:**
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSATL

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ BRUNSWICK
STREET ADDRESS (If rural give location) 526 West Potomac

**3. NAME OF DECEASED:** (Type or Print) (First) Mrs (Middle) Ethel (Last) Howe

**4. DATE OF DEATH:** (Month) Oct. (Day) 15 (Year) 1953

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Strike out) ~~Married~~

**8. DATE OF BIRTH:** 11-3-1894

**9. AGE last birthday:** 58 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired: Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:** Home

**11. BIRTHPLACE** (State or foreign country): Virginia 4

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** B. F. Miller

**14. MOTHER'S MAIDEN NAME:** Lucy Melhorn

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) F (If Yes, give war or dates of service) no

**16. SOCIAL SECURITY No.:**

**17. INFORMANT'S ADDRESS:** W. E. Howe Brunswick Md

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| Immediate cause | (a) Cerebral Haemorrhage | 1 week |
| DUE TO | | |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) Arteriosclerotic Heart Disease | |
| DUE TO | | |
| (904.5) | (c) Arteriosclerosis | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture of Lt. Hip. — 3 weeks

**19a. DATE OF OPERATION:** None

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☑

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) Accident

**PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) Street — (CITY OR TOWN) Brunswick — (COUNTY) Frdk. — (STATE) Md.

**TIME OF INJURY** (Month) Sept. (Day) 26 (Year) 1953 (Hour) ? .m.

**INJURY OCCURED** While at Work ☐ Not While At Work ☑

**HOW DID INJURY OCCUR?** Fall.

22. I hereby certify that I attended the deceased from Sept. 26, 1953, to Oct 15, 1953, that I last saw the deceased alive on Oct. 15, 1953, and that death occurred at 11:05 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. A. Sears, M.D. — ADDRESS Frederick Md — DATE SIGNED

**23. BURIAL, CREMATION, REMOVAL** (Specify) Burial — **DATE THEREOF** 10-19-53 — **NAME OF CEMETERY OR CREMATORY** Park Heights — **LOCATION** (City, town, or county) Brunswick — (State) Md

**DATE REC'D BY LOCAL REGISTRAR** 19 October 1953 — **REGISTRAR'S SIGNATURE** Elizabeth G. Heck

**24. FUNERAL DIRECTOR** C. A. Fuhr & Son — **ADDRESS** Brunswick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

Coroner notified (Dr. Robert Furie) and he has authorized me to complete this certificate.

A. A. Pearse

BUREAU V. S.
OCT 2 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16665

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RD#5
LENGTH OF STAY (In this place) Sin 7/2/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Dickerson-Rural
STREET ADDRESS (If rural give location) Near Dickerson

3. NAME OF DECEASED: (Type or Print) (First) HILLARY (Middle) (Last) JONES

4. DATE OF DEATH: (Month) 10 (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Widowed

8. DATE OF BIRTH: 29 Aug 1860

9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: John A. Jones, 100 W. 5th St., Frederick, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Chronic myocarditis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis — 3 yrs.

19a. DATE OF OPERATION: ✓

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Oct, 1953, that I last saw the deceased alive on July 2, 1953, and that death occurred at 2 PM, from the causes and on the date stated above.

SIGNATURE H. F. Keine (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 13 Oct 1953

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial

DATE THEREOF 13 Oct 1953

NAME OF CEMETERY OR CREMATORY Fairview Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 13 October 1953

REGISTRAR'S SIGNATURE Elizabeth G. Hack

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1

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OCT 1 1 53
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick - Rural
LENGTH OF STAY (in this place): 15 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick -Rural R.D.#2,
STREET ADDRESS (If rural, give location): Near Urbana

3. NAME OF DECEASED (Type or Print): (First) MILLARD (Middle) FILMORE (Last) JONES

4. DATE OF DEATH: October 18, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unknown

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 80? yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Authurnile Jones

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT: Miss Francis I. Jones, Clarksburg, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Myocardial infarction — Interval between onset and death: 24 hours

420.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Coronary insufficiency

(c): Arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/2, 1953, to 10/18, 1953 that I last saw the deceased alive on 10/18, 1953, and that death occurred at 4:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D. — ADDRESS: 7 E. Church St. Frederick Md. — DATE SIGNED: 10/18/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 21 Oct 1953 — NAME OF CEMETERY OR CREMATORY: Jones Family Cemetery — LOCATION (City, town, or county) (State): Washington, Virginia

DATE REC'D BY LOCAL REG.: 19 Oct 1953 — REGISTRAR'S SIGNATURE: Elizabeth G. Heck.

24. FUNERAL DIRECTOR — ADDRESS: M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

10/2/53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium, Md.
LENGTH OF STAY (in this place) 599 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1801 St. Paul Street

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Hugh | D. | Klitch | 10 | 4 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M. | W. | Married | 12/6/1890 | 62 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Artist | Commercial Artist | Maryland | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Richard George Klitch | Ellen Bradley |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No. | | Wife: Mrs. Frances Klitch, 1801 St. Paul St., Balto., Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | Pulmonary tuberculosis | 3 years |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | | |
| (c) | | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 2/13/52, to 10/4/53, that I last saw the deceased alive on 10/4/53, and that death occurred at 10 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) J. B. Lyon, M.d. ADDRESS State Sanatorium, Md. DATE SIGNED 10/6/53

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 10/7/53 | Druid Ridge Cemetery | Baltimore, Maryland. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| 10/6/53 | J. B. Lyon | Wiedefeld & Son, Greenmount Ave. & 22nd St Baltimore, Maryland. |

RECEIVED
OCT 8
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 13.1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred.
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Knoxville
STREET ADDRESS (If rural give location) Mountain Road.

3. NAME OF DECEASED: (Type or Print) (First) Lee (Middle) M. Edward EARL (Last) Lee
4. DATE OF DEATH: (Month) Oct. (Day) 26 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) Married
8. DATE OF BIRTH: 7-16-1895
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: ~~CLERK~~
10b. KIND OF BUSINESS OR INDUSTRY: B+O.R.R. Co
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward C. Lee
14. MOTHER'S MAIDEN NAME: Georgie Hoke Williams

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 705-12-4396
17. INFORMANT & ADDRESS: Mrs Mary Faulk Lee Knoxville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
Immediate cause (a) Cerebral Haemorrhage — Interval Between Onset And Death: 3 weeks
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerosis
DUE TO
(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 26, 1953, to Oct. 26, 1953, that I last saw the deceased alive on Oct. 26, 1953, and that death occurred at 7.35 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) A. A. Deane M.D. ADDRESS Frederick Md DATE SIGNED 10/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-29-53
NAME OF CEMETERY OR CREMATORY Park Heights
LOCATION (City, town, or county) (State) Brunswick Md
DATE REC'D BY LOCAL REGISTRAR 29 Oct. 1953
REGISTRAR'S SIGNATURE Elizabeth S. Heck
24. FUNERAL DIRECTOR ADDRESS C.A. Feete & Son Brunswick Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1953

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick Rural
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick Rural #6, R.D.
STREET ADDRESS (If rural give location) Near Frederick

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) EMORY (Last) LOCHNER

4. DATE OF DEATH: (Month) October (Day) 31 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: June 27, 1905

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Supt.

10b. KIND OF BUSINESS OR INDUSTRY: Coca Cola Plant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William C. Lochner

14. MOTHER'S MAIDEN NAME: Nettie Castle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 214-10-4295

17. INFORMANT & ADDRESS: Mrs. Elva M. Lochner, Frederick R.D.#6, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 2 Days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-28-1953 to 10-30-1953, that I last saw the deceased alive on 10-29-1953, and that death occurred at 8:25 A.M, from the causes and on the date stated above.

SIGNATURE (Doctor or title) M.D.

ADDRESS Frederick, Maryland

DATE SIGNED 10/31/1953

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial

DATE THEREOF Nov. 2, 1953

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 2 Nov. 1953

REGISTRAR'S SIGNATURE Elizabeth L. Heck

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

VS. A1

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY FREDERICK — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEM. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALT. CITY
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ BALTIMORE
STREET ADDRESS (If rural, give location) 5627 ANTHONY AVE.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| EDWARD | Bernard | LUTZ | OCT. | 30, | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| MALE | WHITE | MARRIED | Jan. 2, 1910 | 43 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Steam Fitter | Const. Co. | Maryland | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Walter F. Lutz | Victoria Houchhaus |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|---|
| Yes | W W II | 216-05-4506 | 525 N. Lyndhurst Street, George H. Leimbach, Baltimore 29, Maryland |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

**Immediate cause** (a) CEREBRAL HEMORRHAGE — 6 HRS

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. NONE
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐, Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒ *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, ~~Inspection~~ or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
Robert J. Durie — M.D. — 620 Lee Place, Frederick, Md. — 10-30-53

| 23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | Oct. 31, 1953 | | Baltimore, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR — ADDRESS |
|---|---|---|
| 31 Oct 1953 | Elizabeth G. Hach | M.R. Etchison & Son, Frederick, Maryland |

VS. A15A

REGISTERED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 33 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Airy
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mrs Della (Middle) Moleswoth (Last)

4. DATE OF DEATH: (Month) Oct (Day) 10 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 2/17/1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ephriam Hood
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157 X

Immediate cause (a) Carcinoma of Pancreas
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastases to Lung & Liver
DUE TO

(c)

Interval Between Onset And Death: 4 mo.?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic Arthritis - Obesity

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 8, 1953, to Oct. 10, 1953, that I last saw the deceased alive on Oct. 10, 1953, and that death occurred at 4.45 A.M., from the causes and on the date stated above.

SIGNATURE A. A. Pearre (Degree or title) M.D. ADDRESS Frederick Md. DATE SIGNED 10/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 12 Oct 1953
NAME OF CEMETERY OR CREMATORY Prospect
LOCATION (City, town, or county) (State) Frederick Co. Md.
DATE REC'D BY LOCAL REGISTRAR 12 Oct 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR J. M. Waltz ADDRESS Winfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A1

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium, Md.
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2513 Jefferson Street

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Peacock

4. DATE OF DEATH (Month) 10 / (Day) 20/ (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 6/16/1882

9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Watchman

11. BIRTHPLACE (State or foreign country) Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Peacock

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish American

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mr. Joseph Peacock, 2513 Jefferson St., Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary tuberculosis | 4 months |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/3/, 1953 to 10/20/, 1953, that I last saw the deceased alive on 10/20/, 1953, and that death occurred at 11.45p.m., from the causes and on the date stated above.

SIGNATURE J. B. Lyon (Degree or title) M.D.

ADDRESS State Sanatorium, Maryland.

DATE SIGNED 10/21/53

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF Oct. 24, 1953

NAME OF CEMETERY OR CREMATORY Baltimore

LOCATION (City, town, or county) (State) Balto. City

DATE REC'D BY LOCAL REG. 10/21/53

REGISTRAR'S SIGNATURE J. B. Lyon

24. FUNERAL DIRECTOR William Cook, Inc. Balto., Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10090

# CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Nannie (Middle) E. (Last) Poole
4. DATE OF DEATH: (Month) 10 (Day) 28 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 9-9-1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Toms
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Glenn Gaver, Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 4.2.3.1 (a) Coronary Occlusion
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c) Arterio sclerosis

Interval Between Onset And Death: 3 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1953, to Oct 28, 1953, that I last saw the deceased alive on Oct 25, 1953, and that death occurred at 9.35 A., from the causes and on the date stated above.
SIGNATURE (Degree or title) J. E. Harp Md
ADDRESS Middletown
DATE SIGNED 10-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-31-1953
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) Middletown (State) Md.
DATE REC'D BY LOCAL REGISTRAR 10-31-1953
REGISTRAR'S SIGNATURE Marie Gladhill
24. FUNERAL DIRECTOR Gladhill Co., ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

10091

Reg. Dist. No. 144

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont - rural X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont - rural X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Howard (Last) Reed

4. DATE OF DEATH: (Month) October (Day) 6 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: March 4, 1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Masonry
10b. KIND OF BUSINESS OR INDUSTRY: For Contractor
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Reed
14. MOTHER'S MAIDEN NAME: Mary Stitely

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ yes (If Yes, give war or dates of service) W.W. # I
16. SOCIAL SECURITY NO.: 218-07-5239
17. INFORMANT & ADDRESS: Mrs. Daisy Reed Thurmont RD I Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) DUE TO Acute coronary occlusion — Interval Between Onset And Death: 30 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Angina pectoris — 1 yr.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ on Oct. 6, 1953, to ..., 19.., that I last saw the deceased alive on Oct. 6, 1953, and that death occurred at 1:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. Franklin Bird MD ADDRESS Thurmont Md. DATE SIGNED 10/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct 8 1953 NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery LOCATION (City, town, or county) Thurmont (State) Md

DATE REC'D BY LOCAL REGISTRAR Oct. 8, 1953 REGISTRAR'S SIGNATURE Blanche S. Eyler

24. FUNERAL DIRECTOR M. L. Creager & Son Thurmont ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AH

RECEIVED
OCT 9
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 141 ~~81~~

# CERTIFICATE OF DEATH

Reg. Dist. No. ~~681~~

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Union Bridge X
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Frederick COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Union Bridge X
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) C. (Last) REYNOLDS
4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 1953
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2/7/1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Woodstock, Va.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: John Reynolds
14. MOTHER'S MAIDEN NAME: Amanda Cook
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Gertrude A. Reynolds, Union Bridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

199.8

Immediate cause (a) Hemmorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Bladder 2 Years DUE TO & Rectum

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1953 to Oct 25, 1953, that I last saw the deceased alive on Oct 25, 1953, and that death occurred at 11 P.M., from the causes and on the date stated above.
SIGNATURE J. H. Missler (Degree or title) M.D. ADDRESS Union Bridge DATE SIGNED Oct 27 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10/28/53 NAME OF CEMETERY OR CREMATORY Central Cemetery LOCATION (City, town, or county) Frederick County Md (State)
DATE REC'D BY LOCAL REGISTRAR Oct. 27, 1953 REGISTRAR'S SIGNATURE ~~Lois L. Rapp~~ Eugenia Burke
24. FUNERAL DIRECTOR D. D. Fertner & Sons ADDRESS Union Bridge, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

CT 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL THURMONT
LENGTH OF STAY (In this place) 6 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN THURMONT X
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| ALICE | ELLSWORTH | RIGLER | OCT. | 23, | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| FEMALE | WHITE | WIDOWED | OCT. 16, 1863 | 90 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| HOUSEWIFE | | MARYLAND | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| JEREMIAH IZER | MARY WIST |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| | | ROSE FRESHMAN, THURMONT, MD. |

### 18. MEDICAL CERTIFICATION

| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|
| Immediate cause (a) CONGESTIVE HEART FAILURE | 48 HRS |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC HEART DISEASE | YRS |
| (c) CEREBRAL ARTERIOSCLEROSIS | YRS |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. NONE | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Robert J. Trine, M.D. | 620 Lee Place, Frederick, Md. | Oct. 23, 1953 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 10/25/53 | [illegible] | [illegible] |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Oct. 24/1953 | Blanche S. Eyler | W. W. Eyler & Son | Thurmont, Md. |

RECEIVED
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Le Gore Near Ladiesburg X
LENGTH OF STAY (in this place) 16
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Legore X Near Ladiesburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Claude (Middle) William (Last) Saylor
4. DATE OF DEATH: (Month) 10 (Day) 11 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-27-1896
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months 2 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Johnsville Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emory Saylor
14. MOTHER'S MAIDEN NAME: Addie Brandenburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY No.: 218-09-5723
17. INFORMANT & ADDRESS: Anna Mary Saylor Legore Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary thrombosis & myocardial infarction | instantaneous |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) Hypertensive cardiovascular disease | 10 years |
| | DUE TO (c) | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cardiovascular disease. 10 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 March 1951, to 11 Oct, 1953, that I last saw the deceased alive on 11 Oct 1953, and that death occurred at 5 p.m., from the causes and on the date stated above.

SIGNATURE James C. Glover Jr. (DEGREE OR TITLE) MD ADDRESS Walkersville, Md DATE SIGNED 12 Oct 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 10-14-53
NAME OF CEMETERY OR CREMATORY M Hope
LOCATION (City, town, or county) Woodsboro (State) Md

DATE REC'D BY LOCAL REG. Oct. 13, 1953
REGISTRAR'S SIGNATURE Leslie L. Kepfe
24. FUNERAL DIRECTOR Raymond R. Wright ADDRESS Union Bridge Md.

Luther Powell mmb

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8-51

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RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

10-35

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
LENGTH OF STAY (In this place) 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 406 GRANT. PLACE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
STREET ADDRESS (If rural, give location) 406 GRANT PLACE

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) Daniel (Last) SCOTT

4. DATE OF DEATH: (Month) OCT. (Day) 24, (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): WIDOWED

8. DATE OF BIRTH: April 26, 1876

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: FARM MACHINERY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Scott

14. MOTHER'S MAIDEN NAME: Rachel Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: 374 North Edison Street, Miss Francis Scott, Arlington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420 4 Immediate cause (a) ACUTE CORONARY ARTERY OCCLUSION

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIO SCLEROTIC HEART DISEASE

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. NONE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide , undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert J. Durie, M. D., 620 Lee Place, Frederick, Md. 10/24/53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial

DATE THEREOF OCT. 26, 1953

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 26 October 1953

REGISTRAR'S SIGNATURE Elizabeth S. Heck.

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son Frederick, Maryland

VS. A15A

RECEIVED
OCT 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Frederick — LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural give location): 19 Degrange St

3. NAME OF DECEASED (Type or Print): (First) LEWIS (Middle) MILTON (Last) STAUB

4. DATE OF DEATH: (Month) Oct. (Day) 12th. (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 2, 1872

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm work

11. BIRTHPLACE (State or foreign country): Creagerstown Fredk Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Staub

14. MOTHER'S MAIDEN NAME: Ann Sophia Engle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: No

17. INFORMANT: Mrs Alfred Labrush. 19 Degrange St Frederick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset and Death |
|---|---|---|---|
| 420.0 Immediate cause | (a) | Coronary Thrombosis | immedit |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | Congestive Heart Failure | 6 mnth |
| (260X) | (c) | Arteriosclerotic Heart Disease | 2 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | Diabetes Mellitus | 2 years |

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Oct, 1953, that I last saw the deceased alive on 12 Oct, 1953, and that death occurred at 12:40 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Thomas C Stone | MD | 4 W 3rd St | 12 Oct '53 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Oct. 14. 1953 | Mt Olivet Cem. | Frederick Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 15 Oct 1953 | Elizabeth G. Heck. | M.L. Creager & Son. | Thurmont. MD. |

VS. A15

RECEIVED
1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5
LENGTH OF STAY (in this place) 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) 319 South Jefferson Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) LEWIS (Last) STOCKMAN

4. DATE OF DEATH: (Month) October (Day) 15, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widower

8. DATE OF BIRTH: Jan. 4, 1864

9. AGE last birthday: 89 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis A. Stockman

14. MOTHER'S MAIDEN NAME: Susan Fulmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Pauline Sheets, 319 S. Jefferson St., Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 DUE TO Coronary artery disease with acute myocardial infarction — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: (
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Oct. 14, 1953, that I last saw the deceased alive on Oct. 14, 1953, and that death occurred at 5:43 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ray R. Martin M.D. 35 E. Church St. Frederick, Md 10-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 17, 1953
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 16 October 1953
REGISTRAR'S SIGNATURE Elizabeth G Steele

24. FUNERAL DIRECTOR ADDRESS
M.R. Etchison & Son, Frederick, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN CENTERVILLE X
LENGTH OF STAY (in this place) 5 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Centerville - Md. rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN CENTERVILLE X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) DOROTHY (Middle) ELNORE (Last) THOMPSON
4. DATE OF DEATH (Month) OCT. (Day) 24, (Year) 1953
5. SEX FEMALE
6. COLOR OR RACE COLORED
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) MARRIED
8. DATE OF BIRTH FEB. 22, 1928
9. AGE last birthday 25 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New London - Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles W. Pryor
14. MOTHER'S MAIDEN NAME Cordelia Fossett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of [redacted])
16. SOCIAL SECURITY No. 212-24-5463
17. INFORMANT AND ADDRESS Cordelia Pryor New London Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) SHOTGUN WOUND OF NECK | INST. |
| 121X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY STREET
(CITY OR TOWN) CENTERVILLE, (COUNTY) FREDERICK, (STATE) MARYLAND
TIME OF INJURY (Month) OCT. (Day) 24, (Year) 1953 (Hour) 5 00 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? SHOT BY AMOROUS SUITOR INTENTIONALLY

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☒ undetermined ☐.*

SIGNATURE Robert J. Turie, (Degree or title) M.D., ADDRESS 620 Lee Place, Frederick, Md. DATE SIGNED 10.24.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-28-53
NAME OF CEMETERY OR CREMATORY Dorsey Chapel
LOCATION (City, town, or county) New London (State) Md
DATE REC'D BY LOCAL REG. 27 October 1953
REGISTRAR'S SIGNATURE Elizabeth G. Hecke
24. FUNERAL DIRECTOR Chas. E. Hicks III ADDRESS Fred. Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR ~~TOWN~~ and give nearest town) Frederick R 11
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Waverton (Rural) R 1 x -
STREET ADDRESS (If rural give location) R.F.D. Knoxville, Md.

3. NAME OF DECEASED: (Type or Print) (First) Mrs (Middle) Martha Elizabeth (Last) Thompson

4. DATE OF DEATH: (Month) Oct (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Widow

8. DATE OF BIRTH: April 7, 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Brownsville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Henry Holder

14. MOTHER'S MAIDEN NAME: Sarah Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. Claude Thompson R.F.D.#1, Knoxville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Coronary Thrombosis — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Diabetes Mellitus
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1953, to Oct. 11, 1953, that I last saw the deceased alive on Oct. 11, 1953, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. A. Pearre M.D. ADDRESS Frederick, Md. DATE SIGNED 10/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/14/53
NAME OF CEMETERY OR CREMATORY Brownsville Cemetery
LOCATION (City, town, or county) (State) Brownsville, Wash. Co., Md.

DATE REC'D BY LOCAL REGISTRAR 12 Oct 1953
REGISTRAR'S SIGNATURE Elizabeth S. Heck.
24. FUNERAL DIRECTOR J. Donald Eachus ADDRESS Bolivar, W. Va.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 131 (10)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Loudoun
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lovettsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mr. (Middle) Kane R (Last) Wenner
4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 9/19/1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mr. Robert Wenner
14. MOTHER'S MAIDEN NAME: Alice Ocea Kalb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage DUE TO — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Benign Prostatic Hypertrophy

19a. DATE OF OPERATION: 1 Oct. 20, '53
19b. MAJOR FINDINGS OF OPERATION: Complete Prostatectomy Suprapubic
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 13, 1953 to Oct. 25, 1953, that I last saw the deceased alive on Oct. 25, 1953 and that death occurred at 12 45 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) A. A. Guare M.D. ADDRESS Frederick Md DATE SIGNED 10/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 29 Oct 1953
NAME OF CEMETERY OR CREMATORY St. James Cemetery
LOCATION (City, town, or county) (State) Loudoun County Virginia
DATE REC'D BY LOCAL REGISTRAR 28 Oct 1953
REGISTRAR'S SIGNATURE Elizabeth L. Heck
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (10)

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 38 East Sixth Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 38 East Sixth Street

3. NAME OF DECEASED: (First) HENRY (Middle) LEO (Last) WILSON Sr.
4. DATE OF DEATH: (Month) OCTOBER (Day) 28 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: January 1, 1897
9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Brush Company
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christian T. Wilson
14. MOTHER'S MAIDEN NAME: Georgetta Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No: 214-10-2347
17. INFORMANT & ADDRESS: 38 East Sixth Street, Mrs. Mary E. Wilson Sr., Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)
Interval Between Onset And Death: One Day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-21 1953 to 10-28, 1953 that I last saw the deceased alive on 10-28 1953, and that death occurred at 1:45 P.M., from the causes and on the date stated above.
SIGNATURE H. Etchison (Degree or title) M.D.
ADDRESS Frederick, Maryland
DATE SIGNED 10/29/1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 2, 1953
NAME OF CEMETERY OR CREMATORY Frederick Memorial Park
LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR 29 October 1953
REGISTRAR'S SIGNATURE Elizabeth S. Heck
24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

VS. A1

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MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
LENGTH OF STAY (In this place) 1 WK.
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ~~BALTIMORE~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ BALTIMORE (2) 0001.4
STREET ADDRESS (If rural, give location) 502 E. CHASE ST. ✓

3. NAME OF DECEASED (Type or Print) (First) LULA (Middle) E (Last) WIRE
4. DATE OF DEATH (Month) OCT. (Day) 22, (Year) 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) SINGLE
8. DATE OF BIRTH Aug 28-1868
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) artist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WILBUR C. WIRE
14. MOTHER'S MAIDEN NAME MARY LANE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4 (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. no
17. INFORMANT AND ADDRESS HOSPITAL RECORD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| 816X Immediate cause | (a) BRONCHOPNEUMONIA | 4 DAYS |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) FRACTURE RT. HUMERUS, RT. 3d RIB | 7 DAYS |
| | (c) | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) HIGHWAY
(CITY OR TOWN) (COUNTY) (STATE) RTE 40, NEAR FREDERICK, FREDERICK, MD.
TIME OF INJURY (Month) (Day) (Year) (Hour) OCT. 15, 1953 3:20 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒ 1
HOW DID INJURY OCCUR? AUTO ACCIDENT, VEHICLE STRUCK BY AUTO

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, ~~Inspection~~ or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Furie, M.D., 620 Lee Place, Frederick, Md. Oct. 22, 1953

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Oct 26-1953
NAME OF CEMETERY OR CREMATORY New Jerusalem Cem
LOCATION (City, town, or county) Lovettsville (State) Va

DATE REC'D BY LOCAL REG. 23 October 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M L Creager Son
ADDRESS Thurmont

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 27 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR ~~TOWN~~ and give nearest town) Frederick (in this place) 5½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 230 East Patrick Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederic
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 230 East Patrick Street

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Thomas (Last) Wolford

4. DATE OF DEATH: (Month) Oct. (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: 3-29-1912

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Freight Line

11. BIRTHPLACE (State or foreign country): West Virginia 45

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Emory C. Wolford

14. MOTHER'S MAIDEN NAME: Effie Holiday

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-4074

17. INFORMANT & ADDRESS: 230 E. Patrick St. Mrs. Lucille H. Wolford--- Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Posterior myocardial infarct
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

Interval Between Onset And Death 3 wks.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1953, to Oct. 24, 1953, that I last saw the deceased alive on Oct 24, 1953, and that death occurred at 1 A.M., from the causes and on the date stated above.

SIGNATURE H F Kline (Degree or title) M. D. ADDRESS Frederick Md DATE SIGNED Oct 28 53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial DATE THEREOF 10-30-1953 NAME OF CEMETERY OR ~~CREMATORY~~ Lewistown Cemetery LOCATION (City, town, or county) (State) Lewistown, Maryland

DATE REC'D BY LOCAL REGISTRAR 28 October 1953 REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR C.E.Cline and Son- Frederick- Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
OCT 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10104

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY FREDERICK — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK // — LENGTH OF STAY (In this place) 1/2 HOUR
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY CARROLL
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ MT. AIRY — 06X-2
STREET ADDRESS (If rural, give location) RD #3

3. NAME OF DECEASED (Type or Print): (First) ELEANOR (Middle) (Last) YOUNG
4. DATE OF DEATH: (Month) OCT. (Day) 28, (Year) 1953
5. SEX: FEMALE
6. COLOR OR RACE: NEGRO
7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) SINGLE
8. DATE OF BIRTH: 6-6-1940
9. AGE last birthday: 13 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~At School~~
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Armstead Young
14. MOTHER'S MAIDEN NAME: Ervine Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ~~Unknown~~ NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) LACERATED LEFT LUNG — 1/2 HR

8124 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) MASSIVE LEFT HEMOTHORAX — 1/2 HR

(c) FRACTURED RIBS, 2ND + 3RD — 1/2 HR

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 21 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY HIGHWAY — (CITY OR TOWN) RIDGEVILLE, (COUNTY) CARROLL, (STATE) MARYLAND

TIME OF INJURY (Month) (Day) (Year) (Hour) OCT. 28, 1953 8:00 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? STRUCK BY TRUCK

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, ~~Inspection~~ or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Robert J. Durie, M.D., 620 Lee Place, Frederick, Md. Oct. 28, 1953

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial — DATE THEREOF 10-31-1953 — NAME OF CEMETERY ~~OR CREMATORY~~ MT. ZION — LOCATION (City, town, or county) (State) CARROLL Co. Md.

DATE REC'D BY LOCAL REG. 30 Oct 1953 — REGISTRAR'S SIGNATURE Elizabeth L. Heck.

24. FUNERAL DIRECTOR — ADDRESS C. M. Waltz, Winfield. Md.

VS. A15A

RECEIVED
NOV 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10105

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick R.D.#4(Rural)
LENGTH OF STAY (in this place) X Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick ( Rural ) R.D.#4, X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) MANUEL (Last) YOUNG

4. DATE OF DEATH: (Month) October (Day) 18, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unknown

8. DATE OF BIRTH: June 24,1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James S. Young

14. MOTHER'S MAIDEN NAME: Margaret M. ( Last Name Unknown )

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 219-16-8978

17. INFORMANT & ADDRESS: Irving M. Young, Frederick R.D.#6,Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

160X

Immediate cause (a) Carcinoma of left antrum — Interval Between Onset And Death: 1 year

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20, 1953, to 10-18, 1953, that I last saw the deceased alive on 9-30, 1953, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

SIGNATURE Ira R Martin (Degree or title) M.D. ADDRESS Frederick,Maryland DATE SIGNED 10/20/1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct. 21,1953

NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery

LOCATION (City, town, or county) (State) Pt.of Rocks, Maryland

DATE REC'D BY LOCAL REGISTRAR 20 October 1953

REGISTRAR'S SIGNATURE Elizabeth G. Tech.

24. FUNERAL DIRECTOR ADDRESS M.R. Etchsion & Son, Frederick,Maryland

RECEIVED
OCT 31
BUREAU V. S.